

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-566,827

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1		1		
4		1		1		
5		1				
6		1				
7		1				
8		1		1		
9		2				
10		2				
11		2				
12		1		1		
13		1				
14		①				
15		1		1		
16		1				
17		1				
18		1				
19		2				
20		2				
21		①				
22		1		1		
23		1				
24		1				
25		1				
26		1				
27		①				
28				1		
29	1					
30		1				
31		2		1		
32		①				
33		①				
34		①				
35		①		1		
36		①				
37		①				
38		①		1		
39		①		1		
40		①		1		
41		①		1		
42		①		1		
43		①				
44		①		1		
45		①		1		
46		①				
47		①		1		
48		①				
49		①		1		
50		①				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	54	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			28			